# LASER VISION CENTERS, INC. REFRACTIVE LASER ACCESS AGREEMENT

Vision Centers,	GREEMENT is made as of NAME, a  Inc., a Delaware corporation		_corporation (hereafte	with er "FACILITY	offices a NAME") and Lase
Louis, Missouri,	63141 (hereafter "LVCI").				
	TY NAME is in the business of whom would benefit from				r medical services to
LVCI is ophthalmologist	s in the business of provides providing refractive laser	ling refracedure	ctive laser access to their patients	ss and other 3.	related services to
The parefractive laser conditions contains	rties hereto desire to ente access and other related ained herein.	r into an services	Agreement who to FACILITY N	ereby LVCI v NAME, subject	vill agree to provide ct to the terms and
ARTICLE 1	THE AGREEMENT				
	of Agreement. This Agree fter for an initial term expirin				
from year to ye	uation of Agreement. After the ar unless either party notifies current year of such party's	s the othe	r party in writing	at least sixty	ement shall continu (60) days prior to th
1.3 <u>Termin</u>	ation of Agreement. Either p	arty may	terminate this Ag	reement as s	et forth below.
Agi how day b. The eith rec ass this the	the event either party does reement, the other party may wever, the noncomplying party notice period, such terminate filing of a voluntary or invener party, and adjudication of seiver of the business or of signment by either party for the extent allowed by law, either prior notice to the breaching	y termina ty brings i tion notice bluntary b f either pa the asse he benefit any of th er party r	te this Agreements performance in e shall be deemed ankruptcy petitionarty as bankrupt ts of either party of its creditors see foregoing occu	nt upon sixty nto compliance of null and voice or an arrandor insolvent, y and/or the shall constitute or rences, that	(60) days notice. If the within the sixty (60 d.) gement by or against the appointment of general or any other a material breach ceither party makes, the
and this Agrees the part of eith for refractive Notwithstanding	ure and Effect of Termination accordance with Demographment shall terminate without er party except for any liabil laser procedures perform g termination of this Agredicle 7 and Paragraphs 9.4, 9	further additional function for any the for any the function function for any the function functin function function function function function function function	ction by the other breach of this A to this notice parties agree	r party, and v Agreement an e of termin that their r	without any liability of any amounts owing attention or expiration respective obligation

Facility Name 05/15/98 - RO/RO Fac - Version #

## ARTICLE 2 LVCI'S DUTIES

- 2.1 <u>Refractive Laser and Related Equipment and Maintenance.</u> LVCI shall provide **FACILITY NAME** with refractive laser services as specified in this Agreement, including access to a refractive laser and other refractive equipment as set forth in Exhibit A. LVCI shall be responsible for all maintenance and repair of the refractive laser and other refractive equipment. In the event of an equipment malfunction, repair, maintenance or other downtime, LVCI and **FACILITY NAME** shall reschedule any patients for the next feasible day of operation.
- Licensing/Regulatory Requirements. LVCI shall comply with and maintain all federal and state licensing and regulatory requirements as may be applicable from time to time to the transportation and operation by it for moving a refractive laser. FACILITY NAME shall be responsible for any local permits or licensing that may be required for the temporary installation and operation of LVCI's equipment at the site provided by FACILITY NAME. FACILITY NAME shall be responsible for any state or local taxes that may be applicable based on the charge for the service provided. LVCI further agrees that it shall comply with FACILITY NAME's regular written medical policies, rules and regulations applicable to professional staff for the site provided. FACILITY NAME shall furnish a copy of all such written policies, rules and regulations to LVCI and keep LVCI advised of any changes therein.
- 2.3 <u>Site Specifications.</u> LVCI shall provide to **FACILITY NAME** sufficiently detailed site specifications to permit **FACILITY NAME** to complete any necessary construction and/or modifications on or before the commencement of refractive laser services. The architects and contractors employed by **FACILITY NAME** are responsible for verifying necessary site specifications. LVCI is not responsible for the accuracy of site plans or project completion.
- 2.4 <u>Scheduling Refractive Laser Access.</u> LVCI shall provide to **FACILITY NAME** a scheduled date for refractive laser services upon receipt of request from **FACILITY NAME**, in accordance with Paragraph 3.4 below. The temporary installation of the laser may be necessary on the day prior and deinstallation may be necessary on the day following refractive laser procedures and **FACILITY NAME** therefore agrees to provide appropriate access to the site.
- 2.5 <u>Staffing.</u> LVCI shall employ and provide fully trained and appropriately certified personnel necessary to assist **FACILITY NAME** in the operation of the laser and other refractive equipment provided by LVCI. These personnel shall remain employees of LVCI, and **FACILITY NAME** shall not be responsible for wages, salaries, taxes or fringe benefits paid to or on behalf of these personnel. Personnel employed by LVCI shall act under the guidance of LVCI.

## ARTICLE 3 FACILITY NAME'S DUTIES

- 3.1 <u>Qualifications and Certifications.</u> **FACILITY NAME** shall provide LVCI with a completed Physician's Application including a curriculum vitae, documentation of medical and state licensure, malpractice insurance pursuant to Paragraph 6.2 below, the required refractive laser credentialing and where applicable, ALK and LASIK Fellowship certification.
- Qualified Ophthalmologists. FACILITY NAME agrees that only Qualified Ophthalmologists shall utilize the refractive laser and other refractive equipment to perform refractive laser procedures. For the purpose of this Agreement, "Qualified Ophthalmologist" shall be defined as a) a physician designated in writing to LVCI by FACILITY NAME to utilize these services, and b) who has completed a Physician's Application including a curriculum vitae, documentation of medical and state licensure, malpractice insurance pursuant to Paragraph 6.2 below, the required refractive laser credentialing and where applicable, ALK and LASIK Fellowship certification.

- 3.3 <u>Site Preparation.</u> **FACILITY NAME** shall prepare and make available to LVCI, at **FACILITY NAME**s' sole cost and expense, suitable facilities to receive and install the refractive laser in accordance with specifications provided by LVCI pursuant to Paragraph 2.3 above. **FACILITY NAME** shall keep the site free from all obstructions during periods scheduled for use by LVCI. Sufficient electrical power and hook up service shall be provided at the sole cost and expense of **FACILITY NAME**.
- 3.4 <u>Scheduling Refractive Laser Access.</u> **FACILITY NAME** shall provide LVCI with a minimum of one month's notice to schedule refractive laser access for which **FACILITY NAME** agrees to a) provide a minimum of ten (10) refractive laser procedures, to be performed on one day, in accordance with the fees payable to LVCI as set forth in Exhibit B; and, if fewer than ten (10) procedures to be performed on one day, pay to LVCI an amount equivalent to ten (10) refractive laser procedures as set forth in Exhibit B
- 3.5 Patient Screening, Treatment and Care. FACILITY NAME shall be responsible for screening patients to determine their suitability for refractive laser procedures prior to scheduling them for treatment. FACILITY NAME shall ensure that each patient presented for refractive laser procedures has in his or her possession a written and signed consent form acceptable to FACILITY NAME and to LVCI to perform treatment. FACILITY NAME and their designated staff shall be responsible for administering refractive laser treatments in a manner consistent with prevailing professional standards of care and practice for similar procedures and protocols and specifications established by the LVCI medical staff, and the FDA. FACILITY NAME shall be responsible to provide excimer laser refractive patients with any required emergency care. FACILITY NAME shall further provide all pre-procedural selection and workup, post-procedural treatment, diagnostic and recuperative care for all patients receiving refractive laser treatment.
- 3.6 <u>Staffing.</u> **FACILITY NAME** shall provide staffing necessary for the pre and post operative care of patients and for the prompt and orderly delivery and retrieval of patients receiving refractive laser treatment to and from the designated area for treatment.
- 3.7 <u>Instrumentation, Sterilization and Supplies.</u> **FACILITY NAME** shall provide all pre, intra and post-operative supplies, all refractive surgical instrumentation, and sterilization capability necessary for the care of patients receiving refractive laser procedures.
- 3.8 <u>Quality Assurance.</u> **FACILITY NAME** agrees to participate in quality assurance programs developed or contracted for by LVCI and to make patient records available, as needed in connection with such programs.
- 3.9 <u>Use of Equipment.</u> **FACILITY NAME** will use the laser in strict compliance with all instructions, manuals and other information that LVCI may furnish **FACILITY NAME** and in a careful and proper manner. Any failure to follow LVCI's instructions may be considered a material breach of this Agreement, which may subject this Agreement to cancellation and give LVCI the right to immediately remove the laser without any prejudice to LVCI's other legal rights and remedies. **FACILITY NAME** will comply with all laws, ordinances and regulations relating to the possession, use or maintenance of the laser
- 3.10 <u>Inspection.</u> LVCI will, at any reasonable times during regular business hours, have the right to enter into and on the premises where the laser is located for the purpose of inspecting the laser or observing its use. **FACILITY NAME** will give LVCI immediate notice of any malfunction of the laser as well as of any attachment or other judicial process affecting the laser. **FACILITY NAME** will keep the laser at all times at the location specified for its use pursuant to Paragraph 2.3. **FACILITY NAME** will not change the place where the laser is kept and used, unless **FACILITY NAME** first obtains LVCI's written consent.
- 3.11 <u>Assignment</u> The laser is, and will at all times be and remain, the sole and exclusive property of LVCI. **FACILITY NAME** will have no right, title or interest therein, except as expressly set forth in this Agreement. **FACILITY NAME** will not, without LVCI's prior written consent:

#### **EXHIBIT B**

## **FEES**

The following per procedure fees are based on a minimum of ten (10) fully paid excimer laser procedures per site visit. (Example: if the site performs sixteen (16) procedures, the first ten (10) will be charged at \$900.00 each, the next five (5) will be charged at \$825.00 each and the sixth will be charged at \$750.00). These fees include one PRK card or one PTK card per procedure. If a second card is uired, then the cost of that card will be added to the per procedure fee payable to LVCI indicated below. Bilateral procedures are considered a "practice of medicine" decision to be made by the surgeon. When bilateral PRK procedures are performed, two individual procedure fees, will be payable to LVCI.

All fees are due and payable to Laser Vision Centers, Inc. on the day of surgery.

EXCIMER LASER	PER PROCEDURE FEE	INCLUDES
PROCEDURES		
Refractive Laser Procedures	\$900.00	One PRK key card each
Cases 1-10 in one day		procedure/eye
Refractive Laser Procedures	\$825.00	One PRK key card each
Cases 11-15 in one day		procedure/eye
Refractive Laser Procedures	\$750.00	One PRK key card each
Cases 16-20 in one day		procedure/eye
Refractive Laser Procedures	\$675.00	One PRK key card each
21+ Cases in one day		procedure/eye
PRK Re-treatments:	No charge when 10 fully	One PRK key card
Performed within 2 years	paid excimer procedures	
from date of initial treatment	performed on same day.	
and which meets the laser		
manufacturer's Re-treatment		
policy.		
PRK Re-treatments:	\$260.00 when 10 fully	One PRK key card
Performed beyond 2 years	paid excimer procedures	ono i rackoj suru
from date of initial treatment.	on same day.	
OTHER PROCEDURES	PER PROCEDURE FEE	INCLUDES
PTK - Phototherapeutic	No charge when 10 fully	One PTK Key card
Keratectomy	paid excimer procedures	
	on same day	

# LASER VISION CENTERS, INC. EXCIMER ACCESS - ROLL-ON-ROLL-OFF VISX SITE SPECIFICATIONS

<b>Unit Footprint</b>	PLEASE CHECK OFF BOXES AS ITEMS ARE COMPLETED
Width	□ 43 inches
Length	□ 81 inches (without chair) 93" with chair
Access Requirements	
Doorway width	□ >= 48 inches
	□ >= 60 inches around 90 degree corner
	☐ threshold plate no greater than ¾ inch high
Hallway width	☐ 48 inches (no fire extinguishers/pictures/fire alarms within 48 inches of the floor)
Width at corners	□ 60 inches
Elevator capacity	□ 3,000 lb. Minimum
Maximum degree of incline	☐ 3 degrees over 4 feet or 2 ½ inches per 4 feet (ADA standards)
Room Requirements	
Dimensions	$\square > 12$ feet x 15 feet (location of all fixed cabinetry must be known)
Ventilation	☐ exhaust fan or room purifier*
	□ NO PAINTING OR PAPERING WITHIN 21 DAYS OF SURGERY
Ceiling	□ non-particulate □ no particles and/or dust in air
Floor	☐ tiled or non-particulate able to withstand 750 lb. per square inch
Temperature range	☐ 60 to 80 Fahrenheit
Relative humidity	□ 35% to 65% non-condensation
Electrical	□ 4 - 110 volt outlets for Air Purifier and ancillary equipment □ 220 VAC single phase, plus ground, 60 Hz, 30 amp service. Lines balanced within 10 volts. 220 volt power interrupt/circuit breaker in room (NEMA 6-30R)
	☐ in accordance with local code specs
Floor weight capacity	☐ in accordance with local code specs ☐ 3,500 lb. Minimum (laser unit plus staff and patients)
Floor weight capacity Safety	
	□ 3,500 lb. Minimum (laser unit plus staff and patients)
Safety	□ 3,500 lb. Minimum (laser unit plus staff and patients)
Safety Amenities	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room
Safety Amenities Counters	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer
Safety  Amenities  Counters  Sterilizer	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access
Safety  Amenities  Counters  Sterilizer  Sink	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access
Safety  Amenities  Counters  Sterilizer  Sink  VAN SPECIFICATIONS	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access □ near sterilizer/scrub area
Safety  Amenities  Counters  Sterilizer  Sink  VAN SPECIFICATIONS  Length	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access □ near sterilizer/scrub area □ 21 feet
Safety  Amenities  Counters  Sterilizer  Sink  VAN SPECIFICATIONS  Length  Length - Gate Unfolded	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access □ near sterilizer/scrub area □ 21 feet □ 31 feet
Safety  Amenities  Counters  Sterilizer  Sink  VAN SPECIFICATIONS  Length  Length - Gate Unfolded  Overall Length w/10' unload	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access □ near sterilizer/scrub area □ 21 feet □ 31 feet
Safety  Amenities  Counters  Sterilizer  Sink  VAN SPECIFICATIONS  Length  Length - Gate Unfolded  Overall Length w/10' unload  Space	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access □ near sterilizer/scrub area □ 21 feet □ 31 feet □ 41 feet
Safety  Amenities  Counters  Sterilizer  Sink  VAN SPECIFICATIONS  Length  Length - Gate Unfolded  Overall Length w/10' unload  Space  Width	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access □ near sterilizer/scrub area □ 21 feet □ 31 feet □ 41 feet □ 9 feet
Safety  Amenities  Counters  Sterilizer  Sink  VAN SPECIFICATIONS  Length  Length - Gate Unfolded  Overall Length w/10' unload  Space  Width  Overhead Requirements	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access □ near sterilizer/scrub area □ 21 feet □ 31 feet □ 41 feet □ 12 Foot □ Pathway clear of low hanging branches/ □ ADA spec ramp no greater than 2 ½ inches in 4 foot rise
Safety  Amenities  Counters  Sterilizer  Sink  VAN SPECIFICATIONS  Length  Length - Gate Unfolded  Overall Length w/10' unload  Space  Width  Overhead Requirements	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access □ near sterilizer/scrub area □ 21 feet □ 31 feet □ 41 feet □ 12 Foot □ Pathway clear of low hanging branches/ □ ADA spec ramp no greater than 2 ½ inches in 4 foot rise □ Parking space for truck for unloading does not block handicap ramp or other
Safety  Amenities  Counters  Sterilizer  Sink  VAN SPECIFICATIONS  Length  Length - Gate Unfolded  Overall Length w/10' unload  Space  Width  Overhead Requirements	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access □ near sterilizer/scrub area □ 21 feet □ 31 feet □ 41 feet □ 12 Foot □ Pathway clear of low hanging branches/ □ ADA spec ramp no greater than 2 ½ inches in 4 foot rise
Safety  Amenities  Counters  Sterilizer  Sink  VAN SPECIFICATIONS  Length  Length - Gate Unfolded  Overall Length w/10' unload  Space  Width  Overhead Requirements	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access □ near sterilizer/scrub area □ 21 feet □ 31 feet □ 41 feet □ 12 Foot □ Pathway clear of low hanging branches/ □ ADA spec ramp no greater than 2 ½ inches in 4 foot rise □ Parking space for truck for unloading does not block handicap ramp or other
Safety  Amenities  Counters  Sterilizer  Sink  VAN SPECIFICATIONS  Length  Length - Gate Unfolded  Overall Length w/10' unload  Space  Width  Overhead Requirements	□ 3,500 lb. Minimum ( laser unit plus staff and patients) □ fire extinguisher □ telephone with outside line in room □ area for lensometer □ easy access □ near sterilizer/scrub area □ 21 feet □ 31 feet □ 41 feet □ 12 Foot □ Pathway clear of low hanging branches/ □ ADA spec ramp no greater than 2 ½ inches in 4 foot rise □ Parking space for truck for unloading does not block handicap ramp or other roadways (must allow for two hour unloading)